



City of Ellsworth • 1 City Hall Plaza • Ellsworth, ME 04605
Phone (207) 667-2563 • Fax (207) 667-4908 • www.cityofellsworthme.org

Employment Application
We are an equal opportunity Employer

Date _____

Job Title you are seeking _____

Last Name _____ First Name _____

Address _____ Phone _____

Address _____ Email _____

All applicants who are offered employment must provide documentation to establish their identity and employment eligibility for authorization to work in the U.S.

Do you have the legal right to work in the U.S? _____

Date of Birth (if less than 18 years old): _____

Driver's License No. & State: _____ Class: _____ Expiration Date: _____

Have you ever been employed by or done any volunteer work for the City of Ellsworth?

Do you have any relatives employed with the City of Ellsworth?
(If yes, please list name(s):

Please list all traffic convictions or accidents in the past 3 years:

Please use other names you have used in the past:

Have you ever been convicted of a crime? If yes, please give explanation.

Education

Did you receive a High School Diploma or GED equivalent? _____

Name of High School and location: _____

Name of School, College, Or University	Major	Credit Hours	Degree*

*Proof of degrees from College/University will be required.

Name of Trade, Technical, Business, Other School	Course of Study	Diploma

List other licenses held, date & license number; professional registrations & dates; certificates & professional memberships: _____

List Honors, Awards, Fellowships: _____

Skills Overview

List computer software with which you are familiar: _____

List languages, other than English, that you speak fluently, read and/or write: _____

Summarize relevant skills & experience that exemplify your qualifications for the above position:

List tools & equipment you can operate: _____

Summarize Volunteer Services work you have done, including dates: _____

Summarize Leadership Roles you have experienced: _____

Employment History

Current or most recent employer: _____

Address: _____ Phone: _____

Your Title: _____ Dates of Employment – From: _____ To: _____

Supervisor's Name/Title: _____

Salary – Starting: _____ Ending: _____ Hrs. Per Week: _____

Work Performed: _____

Reason for Leaving: _____

Next most recent employer: _____

Address: _____ Phone: _____

Your Title: _____ Dates of Employment – From: _____ To: _____

Supervisor's Name/Title: _____

Salary – Starting: _____ Ending: _____ Hrs. Per Week: _____

Work Performed: _____

Reason for Leaving: _____

Next most recent employer: _____

Address: _____ Phone: _____

Your Title: _____ Dates of Employment – From: _____ To: _____

Supervisor's Name/Title: _____

Salary – Starting: _____ Ending: _____ Hrs. Per Week: _____

Work Performed: _____

Reason for Leaving: _____

City of Ellsworth
AUTHORIZATION FOR RELEASE OF INFORMATION

Employer's Name:
Contact Person:
Employer's Address:

I have filed an application for employment with the City of Ellsworth, Maine. Information regarding my employment with your organization is as follows:

Dates of employment: From _____ To _____
Position: _____

I hereby empower an employee of the City of Ellsworth or other authorized representatives bearing this release (or facsimile or copy) to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, State or Federal law enforcement agencies.
2. Selective Service System.
3. Any banking institution.
4. Any place of business (for purposes of obtaining credit or employment data).
5. Credit rating bureaus or institutions maintaining individual credit rating files.
6. Any previous employer.
7. Present employer.
8. Any school, college, university or other educational institution.
9. Other: _____

I hereby release any Municipal, State, or Federal law enforcement agency, individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization are: _____

NAME Address

SIGNATURE Date

Witness: Title: _____

Any information furnished relative to the application of the above individual will be treated with strictest confidence. An applicant typically will not be eliminated or selected on the basis of a single reference. Please complete the employment reference section attached.